

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

OHIO

State: _____

Citation 2.6 Financial Eligibility

42 CFR

435.10 and

Subparts G & H

- (a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

1902(a)(10)(A)(i)

(III), (IV), (V),

and (VI),

1902(a)(10)(A)(ii)

(IX), 1902(a)(10)

(A)(ii)(X), 1902

(a)(10)(C),

1902(f), 1902(l)

and (m),

1905(p) and (s),

1902(r)(2),

and 1920

of the Act

TN No. 91-19

Supersedes Approval Date 1-16-92

TN No. 87-18

Effective Date 10/1/91

HCFA ID: 7982E

OFFICIAL